

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LAWRENCE D. MURRAY

Examiner: Hansen, Colby M.

Serial No.: 10/071,055

Group Art Unit: 3682

Filed: February 7, 2002

For: "Centripetal Linear And

Rotary Propulsion Device"

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Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

GROUP 3600

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage, as first class, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: March 2, 2004

Greg O'Bradovich Attorney for Applicant

RESPONSIVE AMENDMENT TO THE OFFICE ACTION DATED DECEMBER 2, 2003

Dear Sir:

Responsive to the Office Action dated December 2, 2003, Applicant desires to file this Responsive Amendment.

Please amend the application in the following particulars:

Practitioner's Docket No.: MURRAY340.UTL

PATENT



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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. §1.8(a))

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Signature

(type or print name of person certifying)

EXTENSION OF TERM

3. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below **RECEIVED** 4. **SMALL ENTITY** (Col.1) (Col. 2) (Col. 3) MAR - 9 2004 Claims Remaining Highest No. **GROUP 3600** Previously Addit. After Present Paid For Fee Amendment Extra Rate =0\$0 Total 8 Minus 20 x \$9 =3 =0x \$42 =\$0 Indep. 1 Minus + \$135 = \$0First Presentation of Multiple Dependent Claim Total Addit. Fee \$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3"

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

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